
DEPARTMENT OF COMMERCE
TRANSIT BENEFIT INCREASE FORM

PURPOSE: To certify an increase to your benefit from a maximum of \$100 to a maximum of \$105 under the provision of IRS 26 CFR 601.602 Section 3.12.

APPLICANT INFORMATION – Please print legibly.

LAST 4 DIGITS OF SSN _____
LAST NAME _____
FIRST NAME _____
MIDDLE INITIAL _____

EMPLOYEE CERTIFICATION

WARNING: This certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

I certify that I am employed by the above mentioned Federal Agency and am not named on a federally subsidized workplace parking permit with this or any other Federal agency, or that I will relinquish my permit before or upon receiving the fare benefit.

I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and will not transfer it to anyone else.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that my usual (or estimated) monthly commuting costs (excluding parking) are:

\$ _____

EMPLOYEE SIGNATURE _____

APPROVING OFFICIAL _____

Revised: December 2, 2004

Version 2